

Appendix B

Commonwealth of Virginia Database Index Reporting Form							
1. Public Body Name & Numeric Code: <i>Dept. of Rehab Services 202</i>	4. Point of Contact: <i>Betty Welles</i>						
2. Database Title: <i>Medicaid</i>	5. Phone Number: <i>804-367-6900</i>						
3. Database Acronym:	6. Signature & Date: <i>Ann E. Mansfield 7/14/97</i>						
<p>7. Database Description and Contents: (Provide a brief narrative summary of the purpose for which the database is maintained in support of the business of state government and a description of the general contents of the database. Indicate known restrictions to public access.)</p> <p><i>Provides for the tracking of demographic data on disabled Medicaid claimants as well as the authorization and payment for medical records and consultative exams to be used by the Medicaid unit of the agency to determine eligibility.</i></p> <p><small>Note: Specific information relating to data fields, record/table layouts, and known restrictions to public access is maintained by the public body. Please contact the point of contact noted in Item 4 for further details.</small></p>							
8. Date of Last Update: <i>7/14/97</i>	9. Frequency of Update: <input checked="" type="checkbox"/> Daily, <input type="checkbox"/> Weekly, <input type="checkbox"/> Monthly, Other:						
<p>10. Formats Available and Schedule of Fees: (Provide a description of each format in which the database is made available, and the cost, if any, of each format.)</p> <table border="0"> <tr> <td>a. <u>Format</u></td> <td>b. <u>Cost</u></td> </tr> <tr> <td><i>.hard copy</i></td> <td></td> </tr> <tr> <td><i>.diskette</i></td> <td></td> </tr> </table>		a. <u>Format</u>	b. <u>Cost</u>	<i>.hard copy</i>		<i>.diskette</i>	
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Send completed form to The Library of Virginia, 800 East Broad Street, Richmond, Virginia 23219-1905 (Attn: Mary Clark).

5/30/97